

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 561525

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
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20		19				
21		20				
22		21				
23		22				
24		23				
25		24				
26		25				
27		26				
28		27				
29		28				
30		29				
31	1		1		1	
32		1				
33		2				
34		3				
35		4				
36		5				
37		6				
38		7				
39		8				
40		9				
41		10				
42		11				
43		12				
44	1		1		1	
45		1				
46		2				
47		3				
48		4				
49		5				
50		6				
TOTAL IND.	3	↓	12	↓		↓
TOTAL DEP.	44	←	33	←		←
TOTAL CLAIMS	47		45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓	12	↓
TOTAL DEP.		←		←	44	←
TOTAL CLAIMS					56	